

Massachusetts Creditable Coverage Checklist

(Revised January 15, 2009)

Beginning with the 2009 tax year, Highmark believes that a **PPOBlueSM** product will satisfy the Massachusetts creditable coverage requirements in substance if all of the benefit provisions included in the group contract are filed and approved and if the benefits provided by the group contract also meet all of the following conditions:

- Adult preventive care (full Highmark preventive care schedule) is covered.
- Pediatric preventive care (full Highmark preventive care schedule) is covered.
- Prescription drugs are covered (may be freestanding or integrated).
- Mental health services (including inpatient and outpatient) are covered.
- Substance abuse services (including inpatient and outpatient) are covered.
- Network individual deductible \leq \$2,000⁽¹⁾.
- Network family deductible \leq \$4,000⁽¹⁾.
- Prescription drug individual deductible \leq \$250.
- Prescription drug family deductible \leq \$500.
- Network individual out-of-pocket limit \leq \$5,000⁽¹⁾.
- Network family out-of-pocket limit \leq \$10,000⁽¹⁾.
- Network individual deductible + network individual out-of-pocket limit \leq \$5,000⁽¹⁾.
- Network family deductible + network family out-of-pocket limit \leq \$10,000⁽¹⁾.
- The network out-of-pocket limit must include all network coinsurance (does not apply to coinsurance for prescription drugs). ***Note: Most ePlatform designs exclude coinsurance for mental health and substance abuse from the out-of-pocket limit, and therefore will not be considered creditable coverage.***
- All network medical copayments must be \leq \$100 (does not apply to prescription drug copayments).
- No annual maximum (network or out-of-network).
- No annual dollar or utilization maximums on (physician) medical services, (physician) surgical services, inpatient (acute care) hospital services, outpatient (facility) surgery services or diagnostic services (network or out-of-network); whether individually or collectively, for a year or for any single illness or condition.
- Network adult and pediatric routine physical exams, adult and pediatric immunizations, mammograms and routine gynecological exams (including Pap test) may not be subject to any deductible.
- Copayments on network preventive care may not exceed copayments on network physician home/office visits.
- Coinsurance on network preventive care must not exceed coinsurance on network physician home/office visits.

Determination of whether a particular group benefit plan meets the Massachusetts requirements for creditable coverage is the responsibility of the employer.

- (1) Employers can take amounts available under an employer-funded health reimbursement account (HRA) into account in determining whether the coverage offered to employees is creditable coverage.

PPOBlue is a service mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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Beginning with the 2009 tax year, Highmark believes that an **EPOBlueSM** or a **ClassicBlue[®]** **Comprehensive** product will satisfy the Massachusetts creditable coverage requirements in substance if all of the benefit provisions included in the group contract are filed and approved and if the benefits provided by the group contract also meet all of the following conditions:

- Adult preventive care (full Highmark preventive care schedule) is covered.
- Pediatric preventive care (full Highmark preventive care schedule) is covered.
- Prescription drugs are covered (may be freestanding or integrated).
- Mental health services (including inpatient and outpatient) are covered.
- Substance abuse services (including inpatient and outpatient) are covered.
- Individual deductible \leq \$2,000⁽²⁾.
- Family deductible \leq \$4,000⁽²⁾.
- Prescription drug individual deductible \leq \$250.
- Prescription drug family deductible \leq \$500.
- Individual out-of-pocket limit \leq \$5,000⁽²⁾.
- Family out-of-pocket limit \leq \$10,000⁽²⁾.
- Individual deductible + individual out-of-pocket limit \leq \$5,000⁽²⁾.
- Family deductible + family out-of-pocket limit \leq \$10,000⁽²⁾.
- The out-of-pocket limit must include all coinsurance (does not apply to coinsurance for prescription drugs). *Note: Most ePlatform designs exclude coinsurance for mental health and substance abuse from the out-of-pocket limit, and therefore will not be considered creditable coverage.*
- All medical copayments must be \leq \$100 (does not apply to prescription drug copayments).
- No annual maximum.
- No annual dollar or utilization maximums on (physician) medical services, (physician) surgical services, inpatient (acute care) hospital services, outpatient (facility) surgery services or diagnostic services; whether individually or collectively, for a year or for any single illness or condition.
- Adult and pediatric routine physical exams, adult and pediatric immunizations, mammograms and routine gynecological exams (including Pap test) may not be subject to any deductible.
- Copayments on preventive care may not exceed copayments on physician home/office visits.
- Coinsurance on preventive care must not exceed coinsurance on physician home/office visits.

Determination of whether a particular group benefit plan meets the Massachusetts requirements for creditable coverage is the responsibility of the employer.

- (2) Employers can take amounts available under an employer-funded health reimbursement account (HRA) into account in determining whether the coverage offered to employees is creditable coverage.

ClassicBlue is a registered service mark and EPOBlue is a service mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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For the 2009 tax year, any **PPOBlueSM HDHP** product (that meets federal guidelines) will be considered creditable coverage. Beginning with the 2010 tax year, Highmark believes that a **PPOBlue HDHP** product will satisfy the Massachusetts creditable coverage requirements in substance if (1) the plan design meets federal guidelines for qualified HDHPs; and (2) the plan sponsor facilitates access to an HSA administrator to enable subscribers to establish and fund an HSA; and (3) all of the benefit provisions included in the group contract are filed and approved and the benefits provided by the group contract also meet all of the following conditions:

- Adult preventive care (full Highmark preventive care schedule) is covered.
- Pediatric preventive care (full Highmark preventive care schedule) is covered.
- Prescription drugs are covered.
- Mental health services (including inpatient and outpatient) are covered.
- Substance abuse services (including inpatient and outpatient) are covered.
- No annual maximum (network or out-of-network).
- No annual dollar or utilization maximums on (physician) medical services, (physician) surgical services, inpatient (acute care) hospital services, outpatient (facility) surgery services or diagnostic services (network or out-of-network); whether individually or collectively, for a year or for any single illness or condition.
- Network adult and pediatric routine physical exams, adult and pediatric immunizations, mammograms and routine gynecological exams (including Pap test) may not be subject to any deductible.
- Copayments on network preventive care may not exceed copayments on network physician home/office visits.
- Coinsurance on network preventive care must not exceed coinsurance on network physician home/office visits.

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